



# St. Helena Unified School District

## Volunteer Application Form

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Last Name

First Name

Middle

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Address

City

Zip Code

Phone # Cell: \_\_\_\_\_

Alternate: \_\_\_\_\_

Languages you speak:  English  Spanish  Other \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you have students in our District:  Yes  No

Name of student (s): \_\_\_\_\_

Grade Preference:  TK-2  3-5  6-8  9-12

Teacher preference: \_\_\_\_\_

I am willing to transport students:  Yes  No

Areas of Interest (please select all that apply):  Athletics  Classroom Volunteer  Mentoring

**OFFICE STAFF:** Please forward a copy of this form to the school(s) of the grade preferences above.